

NEW YORK BOARD OF FIRE UNDERWRITERS

40 Fulton Street New York, NY 10038 (212) 227-3700

www.nybfu.org

APPLICANT: Please take care to fill out **ALL** of the red highlighted boxes. This will insure a prompt and efficient response. Thank you.

OCC LAST NAME		OWNER LAST NAME	OFFICE USE ONLY INSPECTION	
OCC FIRST NAME		OWNER FIRST NAME		
STREET 1		STREET 1		
STREET 2		STREET 2		
CITY		CITY		
COUNTY		STATE		ZIP CODE
STATE	ZIP CODE	CONTACT PHONE		
HOME PHONE		UTILITY COMPANY		
WORK PHONE		ESO/JOB NUMBER		
POLE NO/UNIT		BUILDING PERMIT NUMBER		
SECTION	BLOCK	LOT		

Please identify below all pertinent information regarding your inspection application:

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | <input type="checkbox"/> New Structure | <input type="checkbox"/> Renovation / Addition |
| <input type="checkbox"/> Defects Corrected | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Alarm System | <input type="checkbox"/> Low Voltage / Communications |
| <input type="checkbox"/> Electrical Service | <input type="checkbox"/> New | <input type="checkbox"/> Reconnect / Repair | <input type="checkbox"/> Service Amperage [] |
| <input type="checkbox"/> 1 Phase | <input type="checkbox"/> 3 Phase | <input type="checkbox"/> Overhead | <input type="checkbox"/> Underground |
- Other _____

Date Rough Inspection Requested [] Date Final Inspection Requested []

This Application encompasses ☐ the ENTIRE, 'or' ☐ a portion of the premises electrical system.

Open Wall / Trench inspections, are MANDATORY prior to finish surfaces or final grade being installed or established.

Applicant affirms that there is not an application for electrical inspection pending with a qualified electrical inspection authority, for the installation listed herein.
This application is valid for a period not exceeding one year from the date received by the Board.

MUST ENTER APPLICANT'S
IDENTIFICATION NUMBER → [] [] [] [] [] [] [] [] [] []

AVOID DELAYS BY GIVING FULL AND ACCURATE INFORMATION. ALL SPACES MUST BE FILLED IN OR APPLICATION MAY BE RETURNED.

		X
NAME OF APPLICANT	DATE OF APPLICATION	SIGNATURE OF APPLICANT
STREET ADDRESS		TELEPHONE NO.
CITY OR POST OFFICE	ZIP CODE	LICENSE NO., WHEN APPLICABLE